Assessing medical students' knowledge of LGBT health needs in the Herbert Wertheim College of Medicine LGBT Diversity Project

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INTRODUCTION

The training of competent medical professionals relies heavily on rigorous, comprehensive medical education, in both pre-clinical and clerkship years. However, few medical curricula incorporate lesbian, gay, bisexual, transgender, or queer (LGBTQ) health education in their pre-clinical or clinical coursework. The two core competencies in medical school that could address the subject are cultural competence and clinical skills and knowledge. The need for cultural competence is evidenced in LGBTQ youth who report that physicians' interpersonal skills and comfort discussing patients' sexual orientation and how it applies to their healthcare were more important than physicians' clinical competencies (Hoffman). Although it is crucial to receiving proper medical care, LGBTQ individuals are less likely to have healthcare insurance and therefore more likely to have unmet healthcare needs, which are at increased risk for acquiring sexually transmitted infections (STIs). Particularly HIV, which has a higher prevalence of substance abuse, and are more likely to suffer mental health disorders (Schachter). Furthermore, LGBTQ women are less likely to receive a mammogram or Pap smear than their heterosexual counterparts, and LGBTQ men are more likely to have eating and body image disorders than heterosexual men (The Fenway Institute). If not trained to address common issues, it is easy to miss a disease or vital concern pertinent to this population or patients. There needs to be the fundamental understanding among healthcare providers that LGBTQ patients are more likely to respond with more information to a direct, open question than to volunteer that information unprovoked and that these patients want their providers to engage in discussions regarding their LGBTQ health (The Fenway Institute).

The Herbert Wertheim College of Medicine (HWCOM) is developing a novel training program to improve its students' LGBTQ health knowledge and clinical competencies. This survey was administered in order to assess students' baseline knowledge of LGBTQ subjects before this curriculum was initiated.

METHODS

As part of the program's development, we assessed HWCOM medical students' baseline knowledge, attitudes, and beliefs regarding LGBTQ health. First through fourth year medical students were asked to complete an online, anonymous, 43-question Likert scale survey about their understanding of LGBTQ health needs, their experiences working with LBGTQ patients, and their exposure to LGBTQ-centered care in clinical environments. This is the first part of a long-term study that will follow medical students' attitudes towards and understanding of LGBTQ patients' needs before and after implementation of LGBTQ material in the curriculum. We will use trend analysis to identify patterns in students' responses over time (Snyder). This poster focuses on the results from this first preliminary survey.

RESULTS

219 (50%) of students at FIU HWCOM responded to the survey. Of those 219 students, 70 (32%) were in their first year of training, 58 (26%) were in second year, 62 (28%) in third year, and 29 (13%) in their fourth year. 96 (44%) identified as male and 123 (56%) identified as female. There were no students who identified as trans.

This trend is more visible when looking licensed primary care and emergency physicians

Trends seen in qualitative responses to "My biggest concerns about working with an LGBTQ patient are:"

Recognition of the perceived risks of divulging this information:

- "The patient doesn't want to disclose their orientation for fear of discrimination even if I make it more than clear that they won't be discriminated against"
- "They might be having issues such as coming out to their family or they might be apprehensive to the medical system because they [feel] unequal treatment."
- "Specific concerns with treating trans patients"
  - "The T and I am less comfortable in this demographic, especially discussing the gender change process, hormonal and or surgical, because I just do not know enough about it to have an unbiased clinical opinion."
  - "Body image concerns when performing physical exam on transgender patient. I would not want to make the patient feel uncomfortable."

Primarily concerns is providing appropriate care

- "Knowing, understanding, and advising patients of health concerns specific to the LGBTQ population."
- "Giving substandard care by not being able to relate to LGBTQ lifestyles and therefore missing important treatment or management modalities."
- "Shows a willingness to learn"
- "Using correct non-offensive language (eg gender neutral pronouns if necessary)"
- "Being patient and related to sexual health in a way that is to gain information as opposed to sounding judgmental... sometimes these questions are necessary in order to get a diagnosis"

DISCUSSION

While students overwhelmingly believed that LGBTQ patients deserved the same level of care as heterosexual patients, and that assessing sexual orientation and gender identity was an important component of a patient history, only a minority of students reported regular assessment of sexual orientation or gender identity in the patient histories they conducted or that were conducted by clinical preceptors. This points to an additional need for training programs that emphasize gender/sex-sensitive history-taking. Open-ended responses in particular revealed four major themes: recognition of the perceived risks of divulging such personal information, a particular deficiency in knowledge regarding the trans community, a primary concern with providing the best care possible, and a willingness to learn these competencies. This information will contribute to the construction of high-quality training in LGBTQ health for medical students at the Herbert Wertheim College of Medicine, as well as provide baseline data for curricular development in other medical schools.

LITERATURE CITED